



Clerk of the Assessment Appeals Board

Assessment Appeals Division

P. O. Box 687

Santa Ana, CA 92702-0687

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Darlene J Bloom
Clerk of the Board

Pat Martinez
Assessment Appeals Division Manager

REQUEST FOR CHANGE OF ADDRESS FORM

Name of Applicant, Agent or Attorney: _____

**Request for Change
of Address for
(Check one)**

☐ **Applicant**

☐ **Agent**

☐ **Attorney**

OLD Mailing Address:

Street Address _____

City _____

State _____

Zip _____

() _____

() _____

Phone Number _____

Fax Number _____

NEW Mailing Address

Street Address _____

City _____

State _____

Zip _____

() _____

() _____

Phone Number _____

Fax Number _____

One of the boxes below must be checked:

- ☐ As the Applicant, I am requesting a Change of Address for the Application Number(s) and Parcel/Bill/Assessment Number(s) listed below.
- ☐ As the duly authorized Agent/Attorney for the Applicant named above, I am requesting a Change of Address for Application Number(s) and Parcel/bill/Assessment Number(s) listed.
- ☐ As the authorized employee/Corporate Officer, _____ (Title) for the Applicant named above, I am requesting a Change of Address for Application Number(s) and Parcel/bill/Assessment Number(s) listed.
- ☐ I am an Agent/Attorney submitting a change of business address only.

Please provide the following if applicable:

Application Number: _____

Parcel/Bill/Assessment Number: _____

Application Number: _____

Parcel/Bill/Assessment Number: _____

☐ Additional affected applications numbers are listed on attachment. Number of pages attached: _____

Signature of Owner Agent/Attorney/Authorized Employee/Corporate Officer

Print Name

Date